

# National Mediclaim Policy

## Brochure

**National Mediclaim Policy** is an indemnity health insurance policy. The Policy covers expenses incurred due to Hospitalisation for In-Patient Care (allopathy, ayurveda and homeopathy) or Day Care Treatment Reasonably and Customarily incurred for treatment of an Illness contracted/ Injury sustained during the Policy Period. The Policy provides for Pre Hospitalisation (45 days) and Post Hospitalisation (60 days) expenses, 140+ Day Care Procedures, organ donor's medical expenses, ambulance charges, Morbid Obesity Treatment, Correction of Refractive Error and provides for Reinstatement of Basic Sum Insured (above SI of 6L), if applicable as per terms.

### Policy Period

The Policy can only be issued for a period of one (01) year (12 calendar months).

### Basic Sum Insured (Basic SI)

The Policy is available with options of Basic SI of INR 1/ 2/ 3/ 4/ 5/ 6/ 7/ 8/ 9/ 10 L.

**Proposer has the option of selecting same Basic SI for each family member or separate Basic SI for different members.**

**Note:** Since this Policy shall have minimum Basic SI of INR 1L, existing policyholders (of NMP) with Basic SI INR 50,000 or 75,000 may be allowed to continue with Basic SI of INR 50,000 only for 1 year from the date of renewal but with revised rates. Thereafter, the

*Basic SI of INR 50,000 shall be discontinued.*

### Type of Policy

Policy can be issued on Individual Basis (i.e., separate Basic Sum Insured shall apply on each insured person).

### Eligibility

- Single Policy can cover family comprising of self, spouse, dependent children, parents, brother, sister, parent-in-laws.
- Entry age of proposer - 18 years to 65 years.
- Entry age of children - 3 months to 18 years.
- Entry age of other members - 18 years to 65 years.

### Benefits

#### Pre Existing Diseases

Covered after a waiting period of 4 year

#### System of Medicine

Allopathy, Ayurveda and Homeopathy.

#### In-patient Treatment

- i. Room Rent and Intensive Care Unit charges
- ii. Medical Practitioner's Fees
- iii. Other Expenses

#### Pre and Post Hospitalisation

Expenses incurred forty five (45) days prior to hospitalisation and sixty (60) days post hospitalisation

#### Day Care Procedure

140+ day care procedures are covered.

#### Organ Donor's Medical Expenses

Hospitalisation expenses of the organ donor.

#### Ambulance Charges

Expenses for transportation to the hospital, or from one hospital to another hospital are payable.

#### HIV/ AIDS Cover

After waiting period of 3 months, if not pre existing

#### Mental Illness Cover

After waiting period of 3 months, if not pre existing

#### Morbid Obesity Treatment

After waiting period of 4 years

#### Correction of Refractive Error

After waiting period of 2 years

#### Sub Limits

- i. **Room Charges** - Up to 25% of Sum Insured (Any One Illness)
  - a. **Room Rent** - Up to 1% of SI, subject to max of INR 10,000 per day
  - b. **ICU charges** - Up to 2% of SI subject to max of INR 20,000 per day
- ii. **Medical Practitioner's Fees** - Up to 25% of Sum Insured (Any One Illness)
- iii. **Other Expenses** - Up to 50% of Sum Insured (Any One Illness).
- iv. **Hemodialysis, Chemotherapy, Radiotherapy** - Lower of 50% of Sum Insured (i.e., Basic Sum Insured and Cumulative Bonus) or the PPN Package Rate.

v. **Modern Treatments (12 nos)** – Up to 25% of Sum Insured (i.e., Basic Sum Insured and Cumulative Bonus)

vi. **Treatment related to participation as a non-professional in hazardous or adventure sports** – Up to 25% of Sum Insured (i.e., Basic Sum Insured and Cumulative Bonus)

### Other Benefit

#### Reinstatement of Basic Sum Insured

For Insured Persons with Basic Sum Insured of 6 INR lacs and above, in the event of available Sum Insured being exhausted anytime during the policy period on account of hospitalisation claim(s), the Company shall reinstate the Basic Sum Insured to be utilized in any subsequent hospitalization.

### Good Health Incentive

#### Cumulative Bonus (CB)

- CB shall increase by 5% of Basic SI for every claim free year, subject to maximum of 50% of Basic SI of renewed Policy
- CB shall decrease by 5% of Basic SI, in the case of a claim is made during a policy period

#### Preventive Health Check-up

Every 4 claim free years, prescribed diagnostics tests up to 1% of the average Basic SI per insured person, subject to maximum INR 5,000/-

### More Benefits

#### Assured Renewability for Life

#### Portability

Portability is allowed to the policy, from Individual indemnity product of any other Company, without losing the benefits accrued, provided the Policy is renewed without any break

### Migration

Migration is allowed to the policy, from Individual indemnity product of National Insurance Co. Ltd.

### Free Look Period

The Policy allows you a period of 15 days from the date of receipt, to review the terms and conditions, and to return the same if not acceptable

### Discounts

#### Discount for Optional Co-payment

If opted, policyholder may choose either of the two copayment options-

- 20% Co-payment on each admissible claim, with a 15% discount in premium
- 15% Co-payment on each admissible claim, with a 10% discount in premium

#### Discount for Direct Sale

If the Policy is bought online or by walk-in/ direct customer (*where no intermediary is involved*), a discount of 10% shall be allowed on the total premium for both new policy and subsequent renewals (*provided no intermediary is involved in Renewals*).

### Tax saving

As per section 80-D of the Income Tax Act.

### Country wide coverage

Cashless hospitalisation in over 6000 network providers \* across 1500 cities/towns.

Cashless facility available only in Network Provider\*/ Preferred Provider Network (PPN\*\*)

\* *Network provider means hospitals enlisted by the Company, TPA or jointly by the Company and TPA to provide medical services to an Insured Person by a Cashless Facility*

\*\* *PPN means Network Providers in specific cities which have agreed to a cashless packaged pricing for specified planned procedures for the policyholders of the Company. The list of planned procedures is available with the Company/TPA and subject to amendment from time to time.*

*In cities with Preferred Provider Network, PPN are the only Network Providers*

### Adjustment in premium for Overseas Travel Policy

In the event of being covered under Overseas Travel Insurance Policy **by the Company**, the policy will be temporarily inactive, and the premium for the inactive period will be adjusted with the renewal premium.

### Pan India presence

The company has a network of 1900+ offices across the country which helps to connect and serve customers better.

### What is not covered?

Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:

- a. Treatment outside India
- b. Sexually transmitted diseases
- c. Sterility
- d. Experimental treatment

- e. Any hospital admission primarily for investigation / diagnostic purpose
- f. Drug/ alcohol abuse,
- g. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports
- h. War, warlike operations
- i. Radioactivity

### Claim Procedure

#### Cashless Claims

Cashless facility available only in network provider/PPN, if one opts for Third Party Administrator (TPA) \*\* service.

For emergency hospitalisation or planned hospitalisation, approval of the TPA must be sought by the insured or his family members. The TPA may be contacted anytime on phone, fax or mail for a pre authorization of cashless service.

#### Reimbursement of Claims

Policy also provides for reimbursement of hospitalisation expenses for treatment taken in network or non network provider.

Completed claim form along with relevant documents are to be submitted to the TPA or to the company's office.

\*\* *Third Party Administrator (TPA) means any entity, licenced by IRDA, and is engaged, for a fee by the company for the purpose of providing health services.*

### Buying Procedure

#### Where to buy?

The Policy can be bought from the channels mentioned below.

- policies where Pre Policy Checkup is not required can be bought online

from  
<http://nationalinsurance.nic.co.in/>,

- from our operating offices
- from our agents
- from self service kiosks
- from Office on Wheels (office on mobile van)
- Any other channel introduced by the Regulator from time to time

#### How to buy?

- Submit completed and signed proposal form and prospectus to our office or to our agent, along with the requisite premium.
- If one opts for TPA services the rates with TPA charges will apply.

#### Pre Policy Checkup

Pre policy checkup is required for individuals aged fifty (50) years and above or

(*50% of the expenses incurred towards pre policy checkup, will be reimbursed, if proposal is accepted*)

#### Pre Policy Checkup Reports

- Physical examination (report to be signed by the Doctor with minimum MD (Medicine) qualification)
- Blood sugar: fasting/ post prandial (till Basic SI of INR 5 L)/ HBA1C (Basic SI of INR 6 L and above)
- Lipid profile
- Serum creatinine
- Urine routine and microscopic examination
- ECG
- Eye checkup (including retinoscopy)
- Any other investigation required by the Company

**Contact Us:**

- Call us at: (033) 2283 1705/ 1706
- Toll Free: 1800 345 0330
- Fax : (033) 2283 1740
- Mail us at: website.administrator@nic.co.in
- Visit us or Buy Online at : <http://nationalinsurance.nic.co.in/>

**Disclaimer**

This brochure is a summary of the policy features. For further details please read the policy and prospectus. In case of any difference in the terms contained in the brochure and the policy, the terms and conditions in the policy shall prevail.

**Table of Benefits**

Name	National Mediclaim Policy
<b>Basic Sum Insured (Basic SI, excluding CB)</b>	<b>INR 1L – 10 L (for new customers)</b> <b>INR 50,000 – 10 L (for existing customers for first year, thereafter above slabs only)</b>  <b>Sunset Clause</b> – Treating existing SI up to INR 1L Existing insured with SI up to INR 1L may be allowed to continue with SI of INR 50,000 till first Renewal, but <b>with revised rates</b> .
<b>Slab</b>	<b>INR 50,000 (not for new policyholder)/1/ 2/ 3/ 4/ 5/ 6/ 7/ 8/ 9/ 10 L</b>
<i>Coverage</i>	
<b>Hospitalisation</b>	<b>Sub limits</b> <b>A. Room Charges</b> – Up to 25% of SI for Any One Illness <b>Room Rent</b> – Up to 1% of SI per day subject to max of INR 10,000 <b>ICU Charges</b> – Up to 2% of SI per day subject to max of INR 20,000 <b>B. Medical Practitioner's fee</b> – Up to 25% for Any One Illness <b>C. Others</b> – Up to 50% of SI for Any One Illness <i>Sub limit will not apply in case of Hospitalisation in a Preferred Provider Network (PPN) as a package</i> <b>D. Hemodialysis, Chemotherapy, Radiotherapy</b> Restricted to 50% of Sum Insured or the PPN Package Rate, whichever is lower (inclusive of above sub limits) <b>E. Coverage for Modern Treatment</b> (12 nos) – Up to 25% of SI for each treatment <b>F. Expenses due to hazardous or adventure sports (non-professionals)</b> – Up to 25% of SI
<b>System of Medicine</b>	<b>Allopathy, Ayurveda, Homeopathy</b> Covered up to SI
<b>In Built Features</b>	<b>Pre hospitalisation</b> - 45 days immediately before hospitalisation <b>Post hospitalisation</b> - 60 days immediately after discharge Organ Donor's hospitalisation expenses only <b>Ambulance Charges</b> – 1% of SI subject to maximum of INR 2,000 in a Policy Period Hospitalisation coverage for <b>HIV/ AIDS</b> and <b>Mental Illness</b> Treatment of <b>Morbid Obesity</b> and <b>Refractive Error</b> of at least 7.5D, subject to Waiting Periods <b>Reinstatement of Basic SI</b> – Once in a Policy Period, available to Policy with Basic SI INR 6L and above
<i>Others</i>	
<b>Pre Existing Disease</b>	Only PEDs declared in the Proposal Form and accepted for coverage by the Company shall be covered after <b>4 year Waiting Period</b>
<b>Enhancement of Basic SI</b>	<b>On Renewal</b> No limit

***Good Health Incentives***

<b>Cumulative Bonus</b>	Increase by 5% of Basic SI in respect of each claim free Policy Period Decrease by 5% of Basic SI for each year with claim reported <b>Maximum accumulation, 50% of the Basic SI of the renewed Policy</b>
<b>Preventive Health check up</b>	Every 4 claim free years, prescribed diagnostics tests up to 1% of the average Basic SI per insured person, subject to maximum INR 5,000/-
<b><i>Discounts</i></b>	
<b>Copayment (optional)</b>	If opted, policyholder may choose either of the two copayment options- <ul style="list-style-type: none"> <li>• 20% Co-payment on each admissible claim, with a 15% discount in premium</li> <li>• 15% Co-payment on each admissible claim, with a 10% discount in premium</li> </ul>
<b>Online Discount</b>	10% discount in premium (for new and Renewal, ONLY where no intermediary is involved)

*Note: SI here means Basic SI and Cumulative Bonus (CB), unless otherwise specified.*

**Rate Chart (in INR per Individual, without TPA Charges)**

Age band / SI	50,000*	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000
3m-5y	1,270	2,392	3,386	4,350	4,974	5,674	6,347	6,810	7,273	7,739	8,206
6-17	1,233	2,124	3,180	3,836	4,578	5,152	5,758	6,174	6,589	7,007	7,425
18-25	1,233	2,411	3,315	4,263	5,429	5,620	6,080	6,564	6,988	7,416	7,844
26-30	1,480	2,718	3,390	4,550	6,033	6,486	7,021	7,583	8,077	8,574	9,072
31-35	1,480	2,901	3,507	4,993	6,535	6,569	7,179	7,678	8,178	8,764	9,272
36-40	2,086	3,295	4,139	5,834	6,561	7,278	7,880	8,432	9,069	9,629	10,189
41-45	2,086	3,509	5,367	5,971	6,714	7,422	8,035	8,597	9,158	9,723	10,287
46-50	3,021	4,779	7,294	9,757	10,307	10,508	11,496	12,309	13,121	13,943	14,764
51-55	3,021	6,015	10,011	12,932	14,987	16,872	18,477	19,798	21,119	22,675	24,027
56-60	4,162	8,111	13,701	16,503	21,121	23,277	25,479	27,293	29,386	31,261	33,136
61-65	4,409	10,700	17,457	21,129	28,384	31,289	34,274	36,738	39,577	42,137	44,698
66-70	5,762	14,251	21,959	28,092	33,621	38,513	42,232	45,308	48,383	52,012	55,174
71-75	6,175	15,676	24,154	30,059	36,983	42,364	46,456	49,841	53,226	57,218	60,698
76-80	7,620	17,244	26,570	32,163	40,286	44,482	48,311	52,334	55,888	60,081	63,736
81-85	8,382	18,968	29,227	34,414	42,715	46,706	50,727	54,952	58,685	63,087	66,926
86+	9,145	20,865	32,149	36,823	44,415	51,377	55,801	60,450	64,557	68,741	73,625

*GST extra*

\* SI of 50,000 shall be available only to existing policyholders, for one year. Thereafter the minimum SI will be 1 L.

*Rate with TPA charge – 6% loading on the premiums tabulated above.*

**Discounts**

Discount for Optional Co-payment – 15% discount on policy premium (if opted for 20% Co-payment) or 10% discount on policy premium (if opted for 15% Co-payment)  
Discount for Direct Sale – 10% on total premium

**No loading shall apply on renewals based on individual claims experience**

**Insurance is the subject matter of solicitation**